



City of Cañon City Community Development Department

Land Use & Development Application

128 Main Street, Cañon City, CO 81212

719.269.9011 (Phone) 719.269.9017 (Fax) <http://www.canoncity.org> (Website)

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INSTRUCTIONS

1. All applications must be typed or printed. Illegible applications may be rejected by the Community Development Department.
2. All applicable sections must be completed. The application must be signed by ALL parties of interest. Unsigned applications will be rejected.
3. All requisite Exhibit Attachments, and the application fee, must be included in order the application to be deemed complete.

APPLICATION TYPE	[Select All That Apply]
<input type="checkbox"/> Amendment to Comprehensive Plan	<input type="checkbox"/> PDD/PUD: Preliminary Plan
<input type="checkbox"/> Annexation & Rezoning	<input type="checkbox"/> PDD/PUD: Final Plan
<input type="checkbox"/> Appeal of Site Plan to City Council	<input type="checkbox"/> Rezoning, including amendments to PDD
<input type="checkbox"/> Conditional Use Permit [CUP]	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Establish/Expand Mobile Home Park	<input type="checkbox"/> Special Review Use [SRU]
<input type="checkbox"/> Lot Line Adjustment/Replat	<input type="checkbox"/> Subdivision Exemption Plat
<input type="checkbox"/> MAJOR SUBDIVISION: Final Plat	<input type="checkbox"/> Temporary Use Permit
<input type="checkbox"/> MAJOR SUBDIVISION: Sketch/Prelim Plan	<input type="checkbox"/> Transitional Mixed Use [TMU] Project
<input type="checkbox"/> MINOR SUBDIVISION	<input type="checkbox"/> Vacation [ROW or Easement]
<input type="checkbox"/> Mobile Home Placement & Skirting	<input type="checkbox"/> Variance
	<input type="checkbox"/> Wireless Service Facility
	<input type="checkbox"/> Zoning Code Amendment
	<input type="checkbox"/> Community Marijuana Cultivation Facility
	<input type="checkbox"/> Phase 1 App Review
	<input type="checkbox"/> Phase 2 App Review
	<input type="checkbox"/> License
	<input type="checkbox"/> Late Fee: Renewal
	<input type="checkbox"/> Change in Financial Interest

SUBJECT PROPERTY

Address or General Location:				
<input type="checkbox"/> NW ¼ Section:	<input type="checkbox"/>	Subdivision:		
<input type="checkbox"/> NE ¼ Township:	<input type="checkbox"/>			
<input type="checkbox"/> SW ¼ Range:	<input type="checkbox"/>	Lot:	<input type="checkbox"/>	
<input type="checkbox"/> SE ¼		Block:	<input type="checkbox"/>	
			Filing:	<input type="checkbox"/>

Provide a Brief Summary of Requested Land Use Action:

Current Condition:	Proposed Condition:	Utility Providers:
Zoning:	Zoning:	Water:
If PDD, specify use:	If PDD, specify use:	San. Sewer:
Current Use:	Proposed Use:	Electricity:
Area/Size (in acres):	No. of Lots:	Gas:
Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Dwelling Units:	Telephone:
No. Dwelling Units:	Sq. Ft. Commercial:	Cable:
Sq. Ft. Commercial:		Fire Protection:

PROJECT CONTACTS

Note: Unless otherwise specified, all correspondence from the City will be directed to the specified Applicant

Property Owner of Record	Project Representative/Consultant No. 1
Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:
Applicant (If Different From Property Owner)	Project Representative/Consultant No. 2
Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

Land Use & Development Application

continued

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ACCEPTANCE OF TERMS

By signing below, the Property Owner of Record, Applicant and Project Representative are indicating that each understands and agrees to the following terms:

- 1 Authorized personnel from the City of Cañon City are hereby granted the right to enter the subject property for the purposes of reviewing and processing the application.
- 2 The Property Owner of Record acknowledges and agrees that the City of Cañon City may file liens against the subject property for any unpaid financial obligation owed to the City related to reviewing and processing this application.
- 3 There are no known geologic or biologic hazards, nor any vicious animals present on the subject property except as indicated on the attached EXHIBIT D.
- 4 All requirements for submission of this application for reviewing and processing, by the City of Cañon City Community Development Department/Planning & Zoning Division, are made in accordance with the City's Zoning and Subdivision regulations, as amended, as well as any applicable City of Cañon City Ordinances and Resolutions.
- 5 Application fees must be paid in full at the time the application submittal is made to the City.
- 6 All information contained in this application, the attached EXHIBITS, and other materials submitted in connection with this application are true and accurate to the best knowledge of the applicant, Property Owners of Record and any Project Representative. It is clearly understood and agreed to that false or untruthful information may be grounds for the City to stop processing this application or withdrawing any approval, which was granted based upon such false or untruthful information.
- 7 The City of Cañon City is under no obligation to approve the request contained in this application. No promises or approval are conveyed with the acceptance of this application.

- 8 The schedule of EXHIBIT attachments, as described below, must accompany this application:

EXHIBIT A: Legal Description of Property

EXHIBIT B: Title Policy, Current To Within Thirty (30) Days of the date of signatures below

EXHIBIT C: Letter of Authorization from the Property Owner of Record, which allows the Applicant and Project Representative to act on the Property Owner's behalf, and accepting ultimate financial obligation for expenses incurred by the City of Cañon City as a result of the evaluation of this request.

EXHIBIT D: Disclosure of any Geologic, Physical or Biologic Hazard present on site, or any vicious animals in residence on the property

EXHIBIT E: Vicinity Map of Project Site

- 9 Refer to the Application Submittal Checklist for your specific application for a complete list of documents to be included.

SIGNATURES

Property Owner of Record

Print Name:

Signature:

Date:

Applicant, if Different from Property Owner of Record

Print Name:

Signature:

Date:

Project Representative/Consultant No. 1

Print Name:

Signature:

Date:

Project Representative/Consultant No. 2

Print Name:

Signature:

Date:

OFFICIAL USE ONLY

Project No.: _____
Application Accepted by: _____
Date: _____
Application Fees: _____
Receipt No.: _____

Application Reviewed by: _____
Date: _____
Application Deemed Complete: _____
Date: _____